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B1 Data Sheet

CONFIRMATION NO. 4769

<b>SERIAL NUMBER</b> 10/537,538	<b>FILING OR 371(c) DATE</b> 09/15/2005 <b>RULE</b>	<b>CLASS</b> 546	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 003301-231
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/SE03/01941 12/12/2003 which claims benefit of 60/433,580 12/16/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SWEDEN 0203722-4 12/16/2002

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 12/19/2005

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> GBN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

21839

## TITLE

TETRACYCLIC IMMUNOMODULATORY COMPOUNDS

<b>FILING FEE RECEIVED</b> 1330	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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